

Swan Valley District Recreation Commission Permission Form for Youth Indoor Soccer

Child's Name	Date of Birth		M	F
			Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name			
Home Phone	Work Phone	Home Phone	Work Phone	
Address	Address			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address

Medical Information

MHSC Number	(6 digit)	(9 digit)
Physician's Name	Phone Number	
Allergies/Special Health Considerations		
Does the participant wear or carry a medical alert notice?		
	YES	NO
Does the participant carry their own medications?		
	YES	NO
Does the person know how to administer their own medications?		
	YES	NO
What medications should they have on hand for this program? _____		
Allergies? _____		
	YES	NO
If yes, please describe: _____		
Pertinent details of:		
Current conditions: (epilepsy, diabetes, asthma, arthritis, etc.)		NONE
Other conditions: (nosebleeds, dizziness, fainting, headaches, etc.)		NONE
Previous injuries: (joint injury, fractures, etc.)		NONE
Head injury information:		
Has participant ever sustained a concussion injury?		
	YES	NO
Date: _____		
Does participant wear eyeglasses while playing?		
	YES	NO
Does participant wear contact lenses while playing?		
	YES	NO
Other medical information: _____		

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Risk Statement: The risk of injury exists in every athletic activity. Falls, concussions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains through serious life threatening conditions. These injuries can result from the nature of the activity and can occur without fault on either part of the participant, other participants, supervisor, etc. Some sports have more serious potential than others. By choosing to participate in the activity, you are assuming the risk of an injury occurring. The odds of injury can be reduced by carefully following instructions at all times while engaged in the activity. The Swan Valley District Recreation Commission attempts to manage as effectively as possible the risk involved for participants while participating in Youth Indoor Soccer activities.

It is recommended that parents/guardians be aware of the insurance coverage of participants. Some areas to consider might include: accidental death, injury, disability, ambulance, extended health care, dental, etc. Consider using the Student Accident Insurance Plan available by schools to parents at the beginning of the school year.

I/We indicate that our son/daughter has permission to participate in the Swan Valley District Recreation Commission Youth Indoor Soccer.

I/We hereby acknowledge and accept the risk inherent in Youth Indoor Soccer and assume responsibility for our son/daughter for personal health, medical, dental and accident insurance coverage.

Parent's/Guardian's Signature

Date

Parent's/Guardians Signature

Date

Any questions or concerns contact Patti Henkelman, Recreation Director, at the Office at 734-3847